

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

OMB No. 2040-0004

NAME Union Oil Company of California

ADDRESS Attn: John Zager

P.O. Box 196247

Anchorage, AK 99519-6247

FACILITY Trading Bay Production Facility

LOCATION Cook Inlet, Alaska

(2-16)	AKG-31-5002
PERMIT NUMBER	

(17-19)	015
DISCHARGE NUMBER	

MONITORING PERIOD

YEAR	MO	DAY
08	05	01

TO

YEAR	MO	DAY
08	05	31

(20-21) (22-23) (24-25)

(26-27) (28-29) (30-31)

NOTE: Read instructions before completing this form.

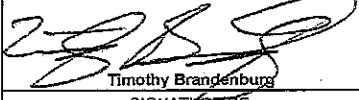
PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (38-45)				NO. EX (52-53)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
015 Produced Water Flow Rate*	SAMPLE MEASUREMENT	3.815972	4.117638	MGD						Weekly	Estimate
	PERMIT REQUIREMENT	Report	Report	MGD						Weekly	Estimate
015 Produced Water Produced Sand	SAMPLE MEASUREMENT						No Discharge				
	PERMIT REQUIREMENT						No Discharge				
015 Produced Water pH**	SAMPLE MEASUREMENT				7		7	su		4 / Month	Grab
	PERMIT REQUIREMENT				6		9	su		Weekly	Grab
015 Produced Water Oil and Grease***	SAMPLE MEASUREMENT					15	19	mg/l		Weekly	Grab Average
	PERMIT REQUIREMENT					29	42	mg/l		Weekly	Grab Average
015 Produced Water Copper	SAMPLE MEASUREMENT					5	5	ug/l		Monthly	Grab
	PERMIT REQUIREMENT					47	117	ug/l		Monthly	Grab
015 Produced Water Manganese	SAMPLE MEASUREMENT					1	1	mg/l		Monthly	Grab
	PERMIT REQUIREMENT					25	50	mg/l		Monthly	Grab
015 Produced Water Mercury	SAMPLE MEASUREMENT					0.2	0.2	ug/l		Monthly	Grab
	PERMIT REQUIREMENT					0.6	1.0	ug/l		Monthly	Grab
015 Produced Water Silver	SAMPLE MEASUREMENT					15	15	ug/l		Monthly	Grab
	PERMIT REQUIREMENT					23	47	ug/l		Monthly	Grab
015 Produced Water Zinc	SAMPLE MEASUREMENT					0.005	0.005	mg/l		Monthly	Grab
	PERMIT REQUIREMENT					0.9	1.9	mg/l		Monthly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

John Zager
General Manager
Mid Continent/Alaska Business Unit

TYPED OR PRINTED

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.


Timothy Brandenburg
SIGNATURE OF
PRINCIPAL EXECUTIVE OFFICER
OR AUTHORIZED AGENT

TELEPHONE

(907) 276-7600

DATE

08 06 20

AREA
CODE

NUMBER

YEAR

MO

DA

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

See Trading Bay Production Facility Page 3 of 3 for comments.

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PARAMETER (32-37)		QUANTITY OR LOADING (3 Card Only) (46-53)			QUALITY OR CONCENTRATION (4 Card Only) (38-45)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)				
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS							
015 Produced Water TAH	SAMPLE MEASUREMENT					8	8	mg/L		Monthly	Grab				
	PERMIT REQUIREMENT					18	27	mg/L		Monthly	Grab				
015 Produced Water TAqH	SAMPLE MEASUREMENT					8	8	mg/l		Monthly	Grab				
	PERMIT REQUIREMENT					Report	Report	mg/L		Monthly	Grab				
015 Produced Water Total Ammonia	SAMPLE MEASUREMENT					6.42	6.42	mg/l		Quarterly	Grab				
	PERMIT REQUIREMENT					Report	Report	mg/l		Quarterly	Grab				
015 Produced Water Whole Effluent Toxicity Mytilus sp.*	SAMPLE MEASUREMENT					143	143	TUC		Quarterly	Grab				
	PERMIT REQUIREMENT					283	568	TUC		Quarterly	Grab				
015 Produced Water Whole Effluent Toxicity Dendroaster excentricus	SAMPLE MEASUREMENT					No Sample	No Sample	TUC		Annually	Grab				
	PERMIT REQUIREMENT					283	568	TUC		Annually	Grab				
015 Produced Water Whole Effluent Toxicity Menidia beryllina	SAMPLE MEASUREMENT					No Sample	No Sample	TUC		Annually	Grab				
	PERMIT REQUIREMENT					283	568	TUC		Annually	Grab				
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER:	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.								TELEPHONE		DATE				
John Zager General Manager Mid Continent/Alaska Business Unit									(907) 276-7600		08	06	20		
TYPED OR PRINTED									SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE	NUMBER	YEAR	MO	DA
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)															

*Identified as the most sensitive species.

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COMMENTS PAGE 3 OF 3

- * Flow rates include deck drainage from Dolly Varden, Grayling, King Salmon, Monopod, and Steelhead Platforms.
 Estimated well completion fluid flow rate: **0.027405 MGD**
 Estimated workover fluid flow rate: **0.035700 MGD**
- ** Frequency of pH measurement has been increased to more closely monitor water quality.
- *** Per Permit instructions weekly samples consist of an average of 4 grab samples over a 24 hour period.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER John Zager General Manager Mid Continent/Alaska Business Unit	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	 Timothy Brandenburg	TELEPHONE		DATE		
			(907) 276-7600		08	06	20
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